

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1		0					51								
2		0					52								
3		0					53								
4		0					54								
5		0					55								
6		0					56								
7		0					57								
8		0					58								
9		0					59								
10		0					60								
11		0					61								
12		0					62								
13		0					63								
14		0					64								
15		0					65								
16		0					66								
17		0					67								
18		0					68								
19		0					69								
20		0					70								
21		0					71								
22		0					72								
23		0					73								
24		0					74								
25		0					75								
26		0					76								
27		0					77								
28		0					78								
29		0					79								
30		0					80								
31		0					81								
32		0					82								
33		0					83								
34		0					84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								